Gender and Neurodivergence in Aotearoa New Zealand

The term "neurodiversity" was first coined to describe characteristics of autism and is therefore widely used to recognize the natural variability in how our brains engage in learning, perceive information, organize, and communicate. The Neurodiversity in Education Coalition has estimated that around one in 5 (or 320,000) young people in New Zealand are neurodiverse. While New Zealand's data and evidence on neurodiversity/neurodiverse conditions are variable in some contexts, it's worth noting that this data is limited and could be outdated to determine the overall population of neurodivergent individuals in the community, with very little information available on the Pacific neurodivergent experience, needs, and outcomes. This limits the government's ability to address this issue with funding.

According to Altogether Autism researcher Ahe Yee, gender can impact diagnosis; girls are more likely to go undiagnosed or get diagnosed later in life as they mask the symptoms more, conforming to social expectations more than their male counterparts do. Females exhibit fewer restricted and repetitive behaviors and interests than boys (*Frazier et al., 2014; Zwaigenbaum et al., 2012; Van Wijngaarden-Cremers et al., 2014*). The diagnostic criteria for conditions like autism and ADHD were largely developed based on male presentations. Dr. Marthinus Bekker, a clinical psychologist and treasurer-elect of the New Zealand College of Clinical Psychologists, stated that female presentations are much different and symptoms stick out for boys, as ADHD in particular has three kinds of symptoms: the combined type, the inattentive type, or the hyperactive type. He stated that boys tend to present with the combined or hyperactive type, where they can't sit in their seat, are more likely to be disruptive at school, and are highly impulsive, whereas girls tend to have the inattentive type, where they may sit at the back of the class, drifting off and going unnoticed. A 2020 study in The Lancet Psychiatry found that autistic women are diagnosed, on average, seven years later than autistic men, which causes women and girls to be largely left out of the narrative, leading to misdiagnosis, late diagnosis, or no diagnosis. In *The Masking Phenomenon*, women and girls are more likely to mask—consciously or unconsciously, mimicking neurotypical behaviors to fit into societal norms, where they learn social cues by observation, leading to the misconception that they don't fit into the typical "neurotypical" because they make eye contact or engage in conversation. For years, ADHD was largely developed based on male presentation and seen as a disorder of hyperactive boys bouncing off the walls of the classroom, whereas females require more severe autistic symptoms and more complex behavioral and cognitive symptoms to be diagnosed with autism (*Frazier et al., 2014; Bargiela et al., 2016),* as one study found that if boys and girls had a similar level of autistic traits, the girls were more

likely to require either more behavioral problems or significant intellectual disability to be diagnosed (Dworzynski et al., 2012).

In conclusion, without an exact national count of males and females diagnosed with neurodivergence in New Zealand because the central health databases do not disaggregate all neurodevelopmental conditions by gender, it's hard to determine the proper solution without the data, leading to misinterpretation or dismissal of their struggles.